

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE				
APPLICANT(S)					
CLAIMS					
	IND	DEP	IND	DEP	IND
1	/				51
2	/				52
3	/				53
4	3				54
5	3				55
6	/				56
7	/				57
8	/				58
9	3				59
10	3				60
11	/				61
12	/				62
13	/				63
14	/				64
15	/				65
16	4				66
17	4				67
18					68
19					69
20					70
21					71
22					72
23					73
24					74
25					75
26					76
27					77
28					78
29					79
30					80
31					81
32					82
33					83
34					84
35					85
36					86
37					87
38					88
39	/				89
40	/				90
41	/				91
42	/				92
43					93
44	/				94
45	/				95
46	/				96
47					97
48					98
49					99
50					100
TOTAL IND.	2				TOTAL IND.
TOTAL DEP.	29	↔	↔	↔	TOTAL DEP.
TOTAL CLAIMS	31	████	████	████	TOTAL CLAIMS